MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

1015883536

APPLICANTIS

FILING DATE

CLAIMS

	AS FILED		AFTER		AFTER	
				I"AMENDMENT		2 [™] AMENDMENT
1	IND.	DEP.	IND.	DEP.	IND.	DEP.
2				1	 	
3						
4				(
5				1		
<u>6</u> 7				1		
8				!		
9				 	 	
10				1		
11						
12				1/		
13 14						
15						
16				•	l	
17	•					
18						
19	· · ·					
20		<u>-</u>				<u></u>
21				,		
23						
24						
25						
26						
27						
28 29						
30			·····			
31						
32						
33						
34 35				·		
36						
37						
38						
39						
40						
41 * 42						
42						
44	 -					
45						
46						
47						
48						
49						
50 TOTAL						
IND.		4	1	4		4
TOTAL DEP.		(-	14	+		(
TOTAL CLAIMS			15			

VIS						
	AS FILED		AFTER I"AMENDMENT		AFTER 2 ** AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54			·			
55						
56						
57			-		·	
58						
59						
60						,
61						
62						
63						
64						
65	-					
66						
67						
68						, .
69				_ !		
70	·					
71	· ·					
72						
73	 	J				
74					 	
75 76						
77		 -J				
78					·	
79						
80						
81					-	
82						
83						
84						
85						
86					 	
87						
88						
89					 	
90						· ·
91						
92						
93						
94						
95						
96					-	:
. 97						
98		1				
99		f	-			
100						
TOTAL IND.		#		#		4
TOTAL DEP.		4		4		4
TOTAL						
CLAIMS						
	υ	.S. DEPART	MENT of CO	MMERCE		

1360 /REV 11/04\